

## (1) PLACE OF BIRTH

County of

Newberry

Township of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

105

Inc. Town of

Newberry

Registration District No. 34

Registered No. 27

City of

Newberry

Ward

If birth occurs in a hospital or other institution, give name of same instead of street and number.

2. Full Name of Child Lottie Naomi Attoaway

If child is not yet named, make supplemental report as directed

SEX Female(4) Twin or Triplet? ☒(5) Number in order of birth 1(6) Are Parents Married yesDATE OF BIRTH 2 21 23

## FATHER.

Full Name Willie AttoawayRESIDENCE Newberry SCCOLOR OR RACE white(11) AGE AT LAST BIRTHDAY 46

BIRTHPLACE

SC

OCCUPATION

Farming

Number of children born to

including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna E. Eppard(15) PRESENT POSTOFFICE OF MOTHER Newberry SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 40

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife(20) Number of children of this mother now living, including present birth 31

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(22) (Signature)

(23) State where Physician or Midwife

(24) Address of Physician or Midwife

PhysicianNewberry SC

Give name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(26) Date Mar 1 1923(27) Signature of Local Registrar S. Hammingham

If there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported. No report is desired of stillbirths before the birth of pregnancy.